

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

93853-57 45246

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Hayti Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Caruthersville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Pemiscot Co. Mem.				d. STREET ADDRESS (If outside, give location) 1410 West Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First (Baby) Middle Last Sanders				4. DATE OF DEATH Month Day Year Dec. 12 1957			
5. SEX Female 3		6. COLOR OR RACE negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 12 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Pemiscot Co. Memorial		9. AGE (In years last birthday) 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME Earlene Chambers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Willie Lockridge	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Insufficient Vitality - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature birth 6 1/2 - 7 mos. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 776X							INTERVAL BETWEEN ONSET AND DEATH 1 day
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 12-12-57 to 12-13-57 and last saw her alive on 12-13-57 Death occurred at 4:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) O. W. Co. K. M. D.			22b. ADDRESS Caruthersville, Mo.			22c. DATE SIGNED 12-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12/14/56		23c. NAME OF CEMETERY OR CREMATORY Magnolia Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville MO	
24. FUNERAL DIRECTOR J. J. Smith ADDRESS 300 E 12th St			25. DATE RECD. BY LOCAL REG. 12-21-57		26. REGISTRAR'S SIGNATURE John W. German		

(Licensed Embalmer's Statement on Reverse Side)

1-11-58

JAN 3 - 1958

PEMISCOT COUNTY HEALTH DEPARTMENT.
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No.
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.